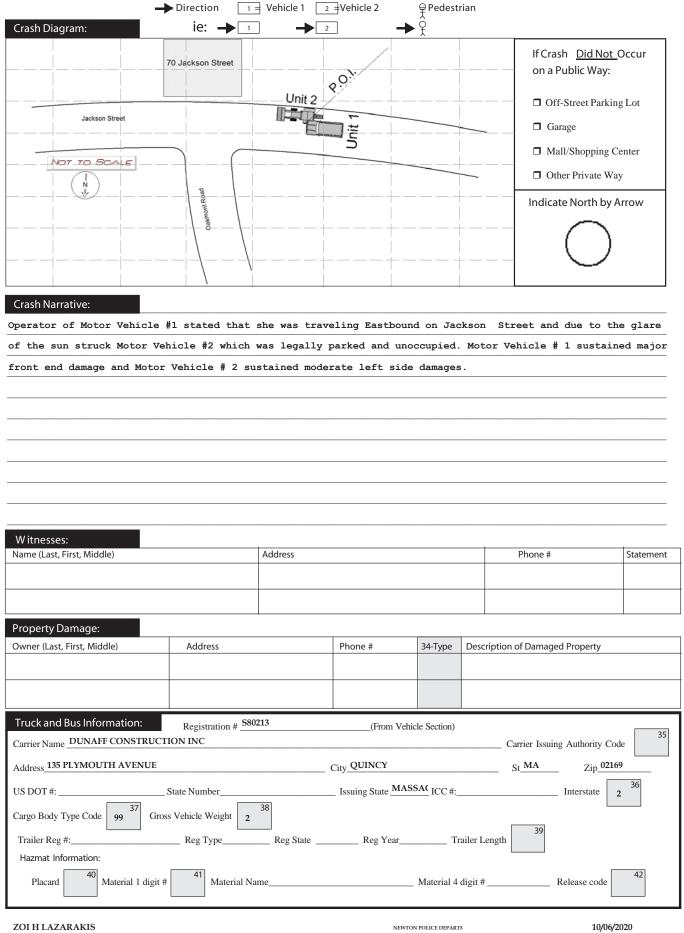
Pol	ice Use Only		Commo	onweal	th o	f Massa	achi	usett	S				ment Nun		
Date of Crash 10/06/2020	Time of Crash 07:59	City/To NEWTON	own N			icle Cra	sh	Numb Vehicl			eed Lim		State Po	olice Dolice Nolice Police	
10/00/2020	24HR		Poli		ce Report			2	0		Longitude		Other:		
	AT INTER	RSECTION:		< L(OCAT	TION	>		N	OT A	ΓΙΝΤ	ERSE	CTION:	;	
						EAST	70		JAC	KSON S	TREET				
Route# Direc	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
4			At			Feet [NSE	w of			•	or			
Route# Direc	ction N	Name of Intersecti	ng Roadway/Street		— <u> </u>		1 0 1 2		Mi	le Marke	r	OI	Exit Nur	nber	
			rsection with		-	Feet [N S E	W of	Rot	ıte#	Interce	ting Ros	adway/Stree		
						Feet [N S E	W of	Rot	ite#	merse	ting Rot	idway/Biree		
Route# Direc	etion	Name of Interse	ecting Roadway/Stre	eet							La	ndmark			
X Vehicle 1	_2_#Occupants	Hit/Run	Moped	Case Ni	umber			0000005	79						
T #		St M	A DOD/A		Reg#2	235TY8				т Р	ΔN	D	State_MA		
License #	18 19	8	19		-	ear_2008			_			_		20	
Sex_F_ Lic.		Lic. Restrictio MEI		rsment				_ Veh Co	eh Config. 2						
Operator 11 Address 142 J	Last ACKSON ST	First	Mid	ldle	Owner	S 142 JACKSO	t N ST	رىدى	First			Middl	e		
1			MA 024				14 01					МД	02459		
City NEWTO		S	tate MA Zip 024	159	-	EWTON							Zip 02459		
Insurance Con						Action Prior to		1	21		ged Area		Circle Up t	io Inree,	
Vehicle Travel	Direction: N		Event Sequence 2												
Citation # (If I	[ssued)				Most H	Iarmful Event	2	<u> </u>	24	⊕	9	<u> </u>	5 11 Tot	_	
Violation	1: ChSec	Violatio	n 2: ChSec_		Driver	Contributing Co		18 24		0	7	\sum	6		
			n 4: ChSec_		Underri	ide/Override	25	Tov	ved <u>Y</u>	-		, ,			
Please Name (Last Fin	fill out for opera	ator and all occu		dress		Age/DOB	Sex	26 Seat Safe Pos. Syst	7 28 ty Airbag em Status	29 Airbag Ej Switch Co	30 31 ect Trap ode Code	32 Injury Tr Status C	33 ransp. lode Medica	al Facility	
Operator			See Al					3	1	0		10 1			
LIU, ZHIJIAN	I		2 JACKSON ST EWTON, MA 02459	q			М	3 3	1	99 0	0	10 1	ı		
			LIVIO19 1111	,								+ +			
Please Select (of the Followi	IX Vehicle	2 <u>0</u> #Occupar	nts Non-Moto	orist A Type	14	4 Action 1	Loc	eation	16 Co	ondition	17	□н	it/Run	Moped	
	119.	G.	StDOB/Age Reg # \$80213Reg Type CON R						- MA						
License #	18 18		19		Veh Year_2005 Veh Ma								Reg State MA		
Sex Lic.	Class	Lic. Restrictio		rsment			Ve					_ Veh Co	onfig. 9		
Operator	Last	First	Mid	ldle		DUNAFF Las			First			Middl	e		
Address						s 135 PLYMOU	JINA	VENUE				344	024.60		
			rateZip		City Q	UINCY			21				Zip <u>02169</u>		
Insurance Con	npany_ARBELLA				Vehicle	Action Prior to		11	21	Dama ₂	ged Area	Code: (Circle Up t	io Three)	
Vehicle Travel	Direction: N	S E W Re	esponding to Emerge	ency?N	Event S	Sequence 1	22 2		22		$\overline{\Box}$		10 Uno	dercarriag	
Citation # (If I	Issued)				Most H	Iarmful Event	1 23	<u> </u>	24	1	. 9	<u> </u>	(3 11 Tot	_	
Violatio	on 1: ChSe	ec Violati	on 2: ChSec	:	Driver	Contributing Co		24	24				Q		
Violatio	on 3: ChSe	ecViolati	on 4: ChSec	:	Underri	ide/Override	25	Tow	ed Y	8		,			
Pl Name (Last F		operator and al	l occupants invol	ved		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag tem Status	29 Airbag Ej Switch C	30 31 Fode Code		33 ansp. Code Medic	cal Facility	
	/Non-Motorist		See Al						iciii Status	Switch C	ode Code	Status	Code Media	car r acrity	



CDP1 11 ·24·00

Police Officer Name (Please Print)

Date